

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. *10-574822* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	<i>2</i>		<i>2</i>		<i>2</i>	
TOTAL DEP.	<i>2</i>		<i>2</i>		<i>2</i>	
TOTAL CLAIMS	<i>24</i>					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			<i>2</i>		<i>2</i>	
TOTAL DEP.			<i>2</i>		<i>2</i>	
TOTAL CLAIMS	<i>24</i>					